MAIL TO: Office of the Attorney General Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 Telephone: (916) 323-5079

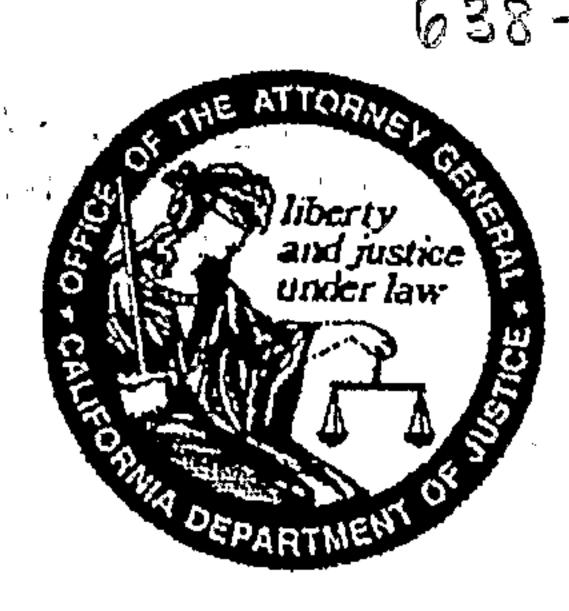
WEB SITE ADDRESS:

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

ANNUAL FINANCIAL REPORT FOR 20⁰³ (California Government Code Section 12599)

Failure to file annual financial report by January 30th annually for each calendar year of solicitation may result in late fees as defined in Government Code Section 12586.1

An annual financial report must be filed for each event



http://ag.ca.gov/charities/		tor e	each charity solicited for	during the previous of	calendar year	r. 			
Name and Address of Commercial Fundraiser:			Name and Address of Charitable Organization:						
		•		CT No. 77893	& Karan	aak sealan aan a	770246686	5	
	638								有种的基本
	DIRECTLINE TECHN	OLOGIES, INC.		CSU SAN MA	ARCOS				
	1600 N CARPENTER	ROAD BLDG #D	•	Name of charity 2	IN OAKS	• BARBA VALLEY	ROAD	, VP EX AF	TERNA FAIRS
	MODESTO, CA	95351-1145		Address of charity	y	_			
				SAN MARCOS			, ,		
		City, State, and ZIP code of charity							
Figures	from (check one): Na	tional Campaign 🔀	California Campaign	_			_ *		_
. — .——	ANNUAL FUND CA	MPAIGN:	held (on) (from)	9/8	, ₂₀ _03	, to	9/22	, 20 <u></u>	3
	(Type of activity)			(Date or date	s must be sho	own)			
Is the co	ontract between the comme if other, provide brief ex		ıarit y based upon a fee or	percentage of revenue	? Fee 🗓 i	Percent age	☐ Other ☐	•	
1 05	VENUE								
	Cash contributions		•	\$ 21,305.0	00	Δ .			
	Entertainment sales or ad	lmission charges			 	.— ^. В.			
	Sales from products					С.			
D.	Advertisement sales				.	D.			
E.	Membership fees			÷ -		 E.			
F.	Other sources: (Specify)	•		at			,		
	a					Fa.			
	b					Fb.			
	C			 		Fc.		4	
_	d					Fd.	\$ 21.36	05.00	
G.	TOTAL REVENUE						<u></u>		G.
2. E	(PENSES								
Α.	Fees or commissions			\$ 12,000.0	0	Α.			
8.	Salaries					B.			
C.	Payroll taxes					c.			
D.	Employee benefits					D.			
E.	Cost of merchandise for i	resale	·	=		E.			
F.	Cost of entertainment	•	**	<u> </u>		F.		4	:
G.	Postage			· · · · · · · · · · · · · · · · · · ·		G.			
н.				· · · · · · · · · · · · · · · · · · ·	"	H.			
f.	Telephone					1.			
J.	Rental of equipment		•			J.			
r.	Facilities charge			· · · · · · · · · · · · · · · · · · ·		K.			
	Permits Other expenses: (Specify	(z)		- -		L.			
tA1•	a.	f 3				· Ma.			
	b.				······································	^{ма.} Мb.			
	C.				· · · · · · · · · · · · · · · · · · ·	Mc.			
	d					Md.	_		·
N.	TOTAL EXPENSES						\$ 12,00	00.00	K I

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES ANNUAL FINANCIAL REPORT FOR 20 03 (California Government Code Section 12599) Page 2 9,305.00 Amount to charity (subtract line 2N from line 1G) Less additional fundraising expenses paid by charity including fee paid to commercial fundraiser (to be completed by charity) Less fair market value of goods and/or services used for the event which were paid by sponsor(s) 9,305.00 Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) (a) Does any officer, director, partner or owner of the commercial fundraiser have any affiliation with or control over, directly or indirectly, the charitable organization for which the commercial fundraiser has contracted to solicit? ☐ Yes 🖾 No If "yes" complete the following: Relationship of officer, etc. Name and address of charitable organization Name of officer, director, partner or owner to charitable organization of commercial fundraiser (b) For each affiliation identified in 7(a), attach copy of the contract between the commercial fundraiser and the charity. Under penalties of perjury, I declare that I have examined this report, including accompany ing documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. CORPORATE SECRETARY GARY S. CONNOR Title Printed name Signature of authorized officer (commercial fundraiser) This report must be signed by two officers or directors of the charitable organization for verification. Title Printed name Signature of authorized officer/director (charity) MENDAJ KRITSER Signature of authorized officer/director (charity) Titlè **Date** Printed name

THAS SOOT